## **Site Visit for SCDHEC School Dental Prevention Program**

Comments

SDPP Manual-Section 9 July 1, 2007

Insurance	
% of population who are uninsured for dental care	
Prevention Programs	
# and type of public dental disease prevention programs (ie water	
fluoridation, fluoride mouth rinse, varnish, education, sealants, );	
# and age of population served by programs.	
Develop intervention to meet the needs of the populati	on
Collaboration	
Advisory Committee	
Consists of representatives from different constituencies	
Provides oversight of the program	
School Based Health Centers: describe how dental services are	
integrated into the SDHC	
Services provided are:	

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Service Provision	
Enrollment, outreach and education	
Parental consent and involvement	
24hr, 7 day a week access to care	
Primary and preventive dental care:	
Follow-up referral—according to treatment urgency Assistance	
with referrals from DHs, outreach workers and school nurses	
Transportation to dental services	
Linkages with dental health provider when child has a dental	
home	
Transfer of client specific information among community dentists	
and school dental program.	
<b>Continuous Quality Improvement Program</b>	
Person responsible	
Policies for the dental services of the school dental program that	
will be incorporated into the CQI plan are:	
1) Provider credentialing	
2) Staff evaluation	
3) Clinical practice guidelines	
4) Dental record review	
5) Review of complaint and follow up procedures	
6) Professional continuing education	
7) Dental referrals for urgent treatment needs (minimum	
requirement)	
8) Parent/school satisfaction	
Describe how the results will be disseminated to staff and used to	
develop and implement action plans	
Establish an MOA with each school	
Status of MOA with each school served	
Copies sent to SCDHEC Division of Oral Health	
Operating manual to include:	
1) Guidelines for Infection Control in Dental Health	
Settings-2003. MMWR2003, 52(RR-17);1-66.	
2) Recommendations for Using Fluoride to Prevent and	
Control Dental Caries in the United States. MMWR	

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August 17, 2001;50(RR-14):1-42.		
Policies should be in place:		
Organizational structures:		
1) Blood Borne Pathogens and Protection Program and		
Exposure Control Plan		
2) Hazard communication plan		
3) Exposure Incident Procedures		
4) HIIPA		
5) Report of Child Abuse and Maltreatment		
6) Reporting of patient accidents or injuries		
7) Reporting of personnel incidents		
8) Dental patient bill of rights		
9) Confidentiality		
10) Interpreter service for hearing impaired, visually impaired		
or non-English speaking patients		
11) Mission, vision and values consistent with the Guidelines		
for School Dental Prevention Program and the SC State		
Oral Health Plan		
12) Financial Management procedures		
13) Informed consent		
14) Referrals for dental care: all levels		
Clinic safety protocols		
<b>Evaluation Plan—critical to the long-term success of</b>		
a dental program.		
Program Representative:		
SC DHEC School Dental Program Coordinator/Dental Consultant:		
50 DILLO School Dental Flogram Cooldinator/Dental Co	induituit.	
Data		
Date:	_	